

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-675)

SERIAL NO. <i>09/913752</i>	FILING DATE
APPLICANT(S)	

CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
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50					
TOTAL IND.		↓	2	↓	2
TOTAL DEP.		↓	11	↓	15
TOTAL CLAIMS	13	13	13	13	13

  

*	IND.	DER.	*	IND.	DER.	*	IND.	DER.
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100								
TOTAL IND.		↓		↓		↓		↓
TOTAL DEP.		↓		↓		↓		↓
TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS